



Proposal to Support the IHP+ Process in Nigeria

HHA COUNTRY PARTNERS IN
NIGERIA
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Background information

The Federal Government of Nigeria through the Federal Ministry of Health (FMOH) recognizes that, meeting the health-related Millennium Development Goals (MDGs), particularly for its poorest and most vulnerable population, health services must be scaled-up, health systems must be strengthened, with additional financing for health.

To actualize this, delineated responsibilities must be actioned by Federal, State and Local Government levels (LGAs), being the three tiers of government charged with the responsibility of health care delivery in the country. The Federal level provides policy direction in the health sector and tertiary level health care, while having oversight function for states in national priority setting, monitoring and evaluation, and coordination, while the States though providing secondary level health care, also have similar oversight functions for the LGAs, solely charged with the responsibility of providing primary health care.

These, the government believes can be actualized within the context of a National Strategic Health Development and Investment Plan. The process for developing a National Strategic Health Investment plan were initiated in 2007 and endorsed by the National Council on Health (NCH) in November 2007. Through the collaborative efforts of both development Partners as well as FMOH technical staff the process was strengthened a couple months later with Nigeria signing unto the IHP Global Compact on May 28, 2008. This also kick started a five stage process (Annex 1) towards the development of a Country Compact, which would use the National Strategic Health Development and Investment Plan as a basis. This process has been endorsed by the country HHA partners, inclusive of WHO and the World Bank, in recognition of their role as signatories to the IHP+ funds. It is also note worthy that the NSHDP will provide a platform for interventions in the health sector by the UN System in Nigeria, especially in its the delivery as “ONE”, as specified in the United Nations Development Assistance Framework (UNDAF II).

Objective

The Objective of this proposal is to support Nigeria through the five stage processes outlined to develop a compact towards strengthening health systems within the framework of the International health Partnership and related initiatives (IHP+).

The five stages are:

Stage 1. Development of a National Strategic Health Development Framework (NSHDF)

Stage 2. Development of the State and Federal Strategic Health Plans

Stage 3. Collation of the State and Federal Health Plans into a National Health Plan and further stakeholder analysis.

Stage 4. Subjection of the national strategic health development plan and budgets to various costing scenarios and M&E Frameworks

Stage 5. Validation, Agreement, Negotiation and Implementation

The funds will be used in broad terms to : a) provide resources for the HHA Partners in country to administratively and technically support the five stage process outlined; b) support the key activities outlined with TA's to ensure timely deliveries of outputs and validation of the processes; and c) documentation of the Process as 'best practices' for engaging partners.

This proposal covers the following broad areas:

1. Joint analytical studies to assess health system and agency constraints to scaling up health services;
2. Strengthening ways of working between government, national and international stakeholders in health sector
3. National events to disseminate new knowledge, promote learning & build national consensus on health sector policy options for scaling up health services;
4. Contribution to inter-regional guidance on 'good practice' for engaging national and international stakeholders in country health sector planning, monitoring, review & coordination.
5. Provision of Technical Assistance

Joint analytical studies to assess health system and agency constraints to scaling up health services;

The Federal Ministry of health commissioned the conduct of series of analytical studies or desk reviews designed to review various components of the current Health Sector, to identify weakness and bottlenecks that are militating against the development of a robust health system with a view to making recommendations that will address the health systems bottlenecks. The Studies will also review existing disease specific policies and other health systems initiatives and recommend areas of integration etc. The Federal Ministry of Health anchored the conduct of studies in collaboration with, and including relevant government bodies charged with the responsibility of data management in the respective fields under study, namely the National Bureau of Statistics and the National Planning Commission. Parts of the analytical studies have been concluded and the others had been stalled because of funding. It is envisaged that funds will be directed to support the conclusion of the studies.

The work of the Study groups would inform the Technical Working Group (TWG) in its development of the Framework for the National Strategic Health Development Plan, which in turn would provide uniform guidance for the development of Federal, States and LGA plans, in recognition of the fact that Nigeria is an federation with 36 States and a Federal Capital Territory, all of which have extensive autonomy. Further to the development of the NSHDP, it would be subjected to various costing scenarios and methodology, and also Results and Resources Framework and its corresponding Monitoring and Evaluation plan would be developed for mutual accountability during implementation.

Strengthening ways of working between governments's, national and international stakeholders working in health; strengthening health sector coordination capacity in agencies & governments;

At the level of Government, the National Health Policy establishes the National Council on Health to advise the Government of the Federation, through the Minister, on: (i) the development of national guidelines for Health;(ii) the development, implementation and administration of the National Health Policy; (iii) technical matters regarding the organization, delivery, and distribution of health services and (iv) any other matter assigned by the Minister. This is the Coordinating Framework for the health sector that binds the 36 States, FCT and FMOH in order to achieve coherence in service provision.

At the Federal level, the Health Partners Coordinating Committee has also been the major coordination mechanism of activities in the sector. There are a variety of these coordination platforms such as ICC for polio eradication and routine immunization, the Health Systems Forum, and the most prominent is the CCM for Global Fund activities. Nigeria has various ways of working between governments, national and international stakeholders working in health. The current active processes are the Health Partners Coordination Committee (HPCC) and the Health Sector Forum (HSF).

From the context of the International Health Partnership and related Initiatives (IHP+) management structure point of view the Health Sector Forum (HSF) can be equated to the Inter-agency Country Health Sector Team. It is envisaged that part of the resources will be used to strengthen the operations of the HSF.

National events to disseminate new knowledge, promote learning & build national consensus on health sector policy options for scaling up health services

These critical events will need to be facilitated by Technical assistance and independent facilitators if the process is deemed to be credible. Part of the resources will be used to provide that technical Assistance

Contribution to inter-regional guidance on 'good practice' for engaging national and international stakeholders in country health sector planning, monitoring, review & coordination.

Part of the Resources will be used to generate documentation of the process that will be published as good practice within the context of the African Region

Provision of Technical Assistance

The following steps of the process has been earmarked for External Technical support,

- the Retreat of reconstituted TWG to develop the zero draft of NSHDP Framework, consultative process for the Framework and adoption by States to serve as the basis for the development of States Strategic Health Plans
- Development of the harmonized NSHDP
- Costing of the NSHDP, development of Results and Resources Framework with corresponding Monitoring and Evaluation Plans
- Continued processes for the country compact – validation, agreement and negotiation

Annex 3 – Terms of Reference for International and National Consultants to provide Technical Assistance.

Deliverables/products with timetable

The key deliverable at the end of the process is expected to be the National Strategic Health Development and Investment Plan which the country will use as a basis for signing a compact with its Health Development Partners and other key stakeholders 'aimed at ONE single country health plan; ONE single results framework; ONE single policy matrix; ONE single mutual monitoring and reporting process for country plan; ONE single fiduciary framework; benchmarks for Government Performance benchmarks for development partner performance; agreement on aid modalities; and process for resolution of non-performance and disputes'¹.

The HHA country Partners will work to support the development of a national Health Strategic plan based on the priority areas of the Ouagadougou declaration and its implementation framework
The Key Deliverables in the context of this support are:

1. Framework for National Strategic Health Development (and Investment) Plan based on the Ouagadougou Framework
2. Federal and State Strategic Health Development Plans
3. A consolidated National Strategic Health Development Plan with various costing scenarios.

¹ Address by HMM at the health Partners Coordination meeting on Friday, 30th January 2009.

In-country responsibilities for carrying out the work

Activity	2009					Responsible person
	Feb	Mar	Apr	May	June	
Development of a National Strategic Health Development Framework (NSHDF)						FMOH, SMOH and partners
Development of the State and Federal Strategic Health Plans						Federal, States and LGAs
Collation of Individual State and Federal Health Plans into a National Health Plan and further stakeholder analysis						FMOH, SMOH and partners
Subjection of the national strategic health development plan and budgets to various costing scenarios and M&E Frameworks						FMOH and partners
Validation, Agreement, Negotiation and Implementation						FMOH and partners

Summary budget.

S/N	ACTIVITY	INDICATIVE BUDGET (USD \$)
	Completion of background studies and development of the NSHDP Framework	100,000.00
	Development of the State and Federal Strategic Health Plans	350,000.00
	Collation of State and Federal Plans	50,000.00
	Costing of National Strategic Health Development Plan and development of M&E Frameworks	100,000.00
	Validation, Agreement, Negotiation and Implementation of the Country Compact	200,000.00
	Grand Total	800,000.00

Budget Justifications

1. Support for the completion of the Background Studies and the Technical Working Group (TWG) to develop the National Strategic Health Development Framework (NSHDF). This support includes the fielding of consultants in steps 1 & 3 of the Essential Steps outlined in Annex 1
2. Development of the State and Federal Strategic Health Plans
 - a. It is proposed that Technical Assistance will be provided to the States in the processes of consultation on the framework and in the development of State and Federal Health Plans. The IHP+ support will be targeted at steps 8 – 16 of the Essential Steps.
 - b. It is also proposed that a lump sum will be made available to each State and the FCT to be used to initiate the development of their strategic plans or reviewing of their Strategic plans in line with the Framework.
3. Collation of Individual State and Federal Health Plans into a National Health Plan and further stakeholder analysis. Step 17 of the Essential Steps will be supported through this activity.
4. Subjection of the national strategic health development plan and budgets to various costing scenarios and M&E Frameworks. This is also in support to Step 17 of the Essential Steps
5. Validation, Agreement, Negotiation and Implementation for the country compact . Recognizing that the costed NSHDP will be used for the development of Country Compacts, this will support the Compact processes that extend beyond the availability of the NSHDP.

Annexes

Annex 1: Work plan or Essential activities/steps in the development of the NSHDP

1. Finalization and Editing of all Background Studies
2. Re-constitution of the 20-member Technical Working Group.
3. Retreat of 20-member TWG to produce the ZERO DRAFT of the NSHDP Framework
4. Presentation of Zero draft framework to FMOH – Top Management Committee (TMC)
5. Presentation of the Zero draft of the NSHDP Framework to Federal MDAs
6. Presentation of Zero draft to the Health Partners Coordinating Committee (HPCC)
7. TWG review and incorporation of inputs from consultations listed 4-6 above to develop the first draft of the NSHDP
8. Concurrent Consensus Building ZONAL (6 zones) Meetings to review the First Draft of NSHDP Framework
 - Members of the TWG to serve as the core facilitators
 - Zonal (6 zones) Meetings are to hold simultaneously to save time
9. TWG Review meeting
 - Integration of inputs from zonal meeting and the development of the second draft of the NSHDP Framework
 - Submission of second draft of NSHDP Framework to HMH
10. HMH convenes a Meeting of FMOH with all the States, possible an Extraordinary NCH with all FMOH MDAs and States present
 - Members of the TWG to be in attendance for comments/ inputs on the second draft of the FRAMEWORK.
11. TWG meeting (3 days) to incorporate NCH input and develop third draft NSHDP framework
 - TWG presentation of third draft of NSHDP framework to HMH
12. Presentation of third draft of NSHDP Framework to Ministerial Steering Committee
13. Presentation of third draft of NSHDP Framework to Governors Forum
14. Presentation of third draft of NSHDP Framework to Federal Executive Council for adoption as final NSHDP Framework
15. Orientation workshop for the dissemination of Final NSHDP Framework and planning formats/tools to Federal, State and LGA levels
16. Development of costed Federal, State and LGA Plans
 - Technical and Financial Assistance to be provided to Federal, 36 States and FCT to develop respective Strategic Health Development Plans in reference to the National Framework.
 - The development of Federal , State and LGA Plans will run concurrently
 - Costing of Federal and State Plans will be undertaken within the development process

17. Collation of costed federal, state and LGA plans into the National Strategic Health Development and Investment Plan (NSHDP & NSHIP)

- Development Partners to provide Consultants and Facilitators
- Production of the NSHDP and NSHIP

Annex 2 Illustrations of the NSHDP processes and linkages to the Country Compact.

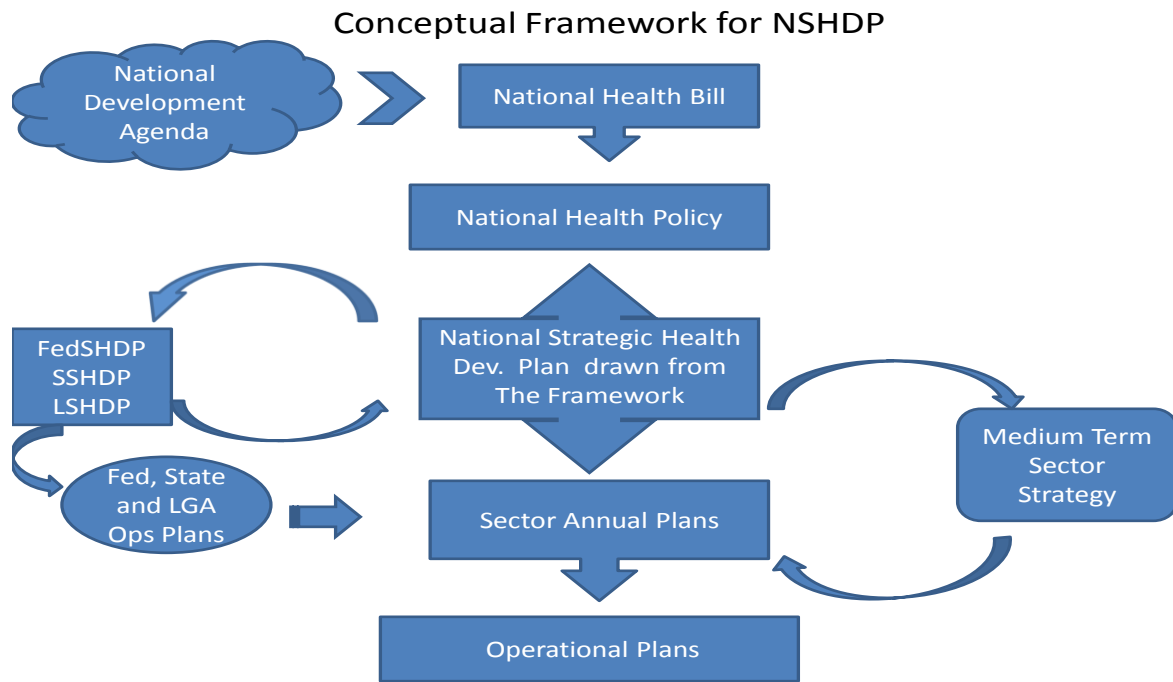


Figure 1 Conceptual Framework for NSHDP

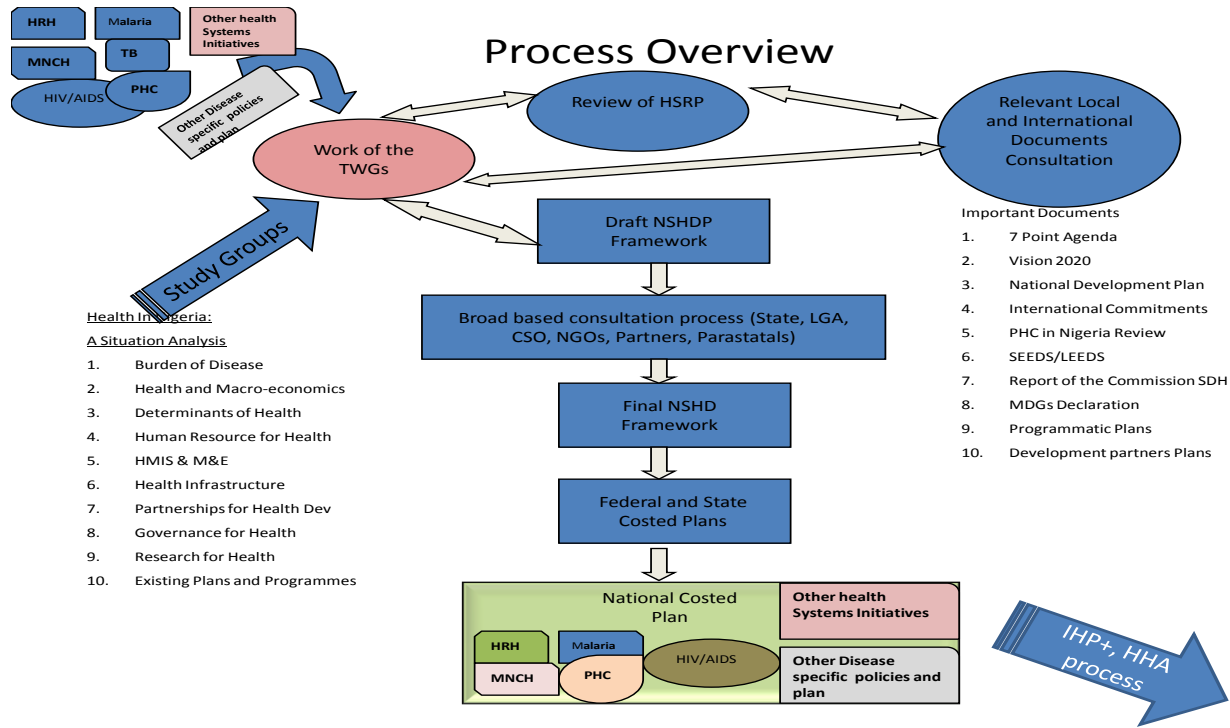


Figure 2 NSHDP Process Overview

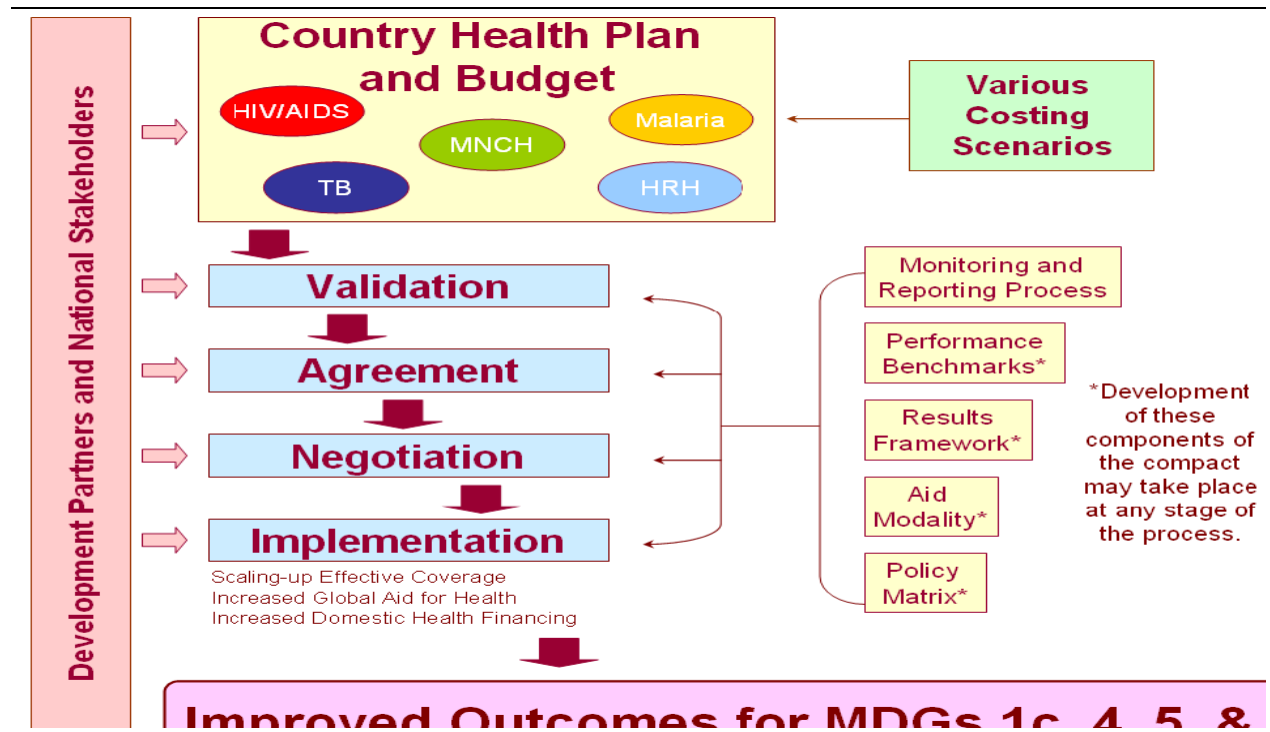


Figure 3 Developing the Country Compact

Annex 3 TORs for Consultancies to support the Process

In broad terms, the expected activities are outlined for the various milestones will be supported by External and Local Consultants

Consultancy 1 - to Support the development, consensus building and dissemination of the NSHDP Framework

- Support for the completion of the Background Studies and the Technical Working Group (TWG) to develop the National Strategic Health Development Framework (NSHDF).
- To take part and support the retreat of reconstituted TWG to develop the zero draft of NSHDP Framework,

Consultancy 2 - Development of the harmonized NSHDP

- Technical Assistance will be provided to the States in the processes of consultation on the framework and in the development of State and Federal Health Plans. The IHP+ support will be targeted at steps 8 – 16 of the Essential Steps. A lump sum will be made available to each State and the FCT to be used to initiate the development of their strategic plans or reviewing of their Strategic plans in line with the Framework.
 - To support States in development of their Strategic Plans
 - To support the compilation of a harmonized National Strategic Health Development Plan -Collation of Individual State and Federal Health Plans into a National Health Plan and further stakeholder analysis.

Consultancy 3 – Subjecting the NSHDP through costing processes

- Costing of the NSHDP, development of Results and Resources Framework with corresponding Monitoring and Evaluation Plans. Subjection of the national strategic health development plan and budgets to various costing scenarios and M&E Frameworks. This is also in support to Step 17 of the Essential Steps

Consultancy 4 – Consensus building Consultancy

- Continued processes for the country compact – validation, agreement and negotiation
- Validation, Agreement, Negotiation and Implementation for the country compact. Recognizing that the costed NSHDP will be used for the development of Country Compacts, this will support the Compact processes that extend beyond the availability of the NSHDP.

Annex 4

Message for WHO and World Bank Representatives

From IHP Core Team

International Health Partnership: “first wave countries”

Subject: IHP resources for in-country health sector teams

In the global IHP+ implementation plan, approximately \$7 million of the total has been allocated to in-country work under Action Area 1 of the IHP+ work-plan. Some of the funds have now been secured, and the purpose of this note is to clarify how the funds will be allocated:

A) First, US\$50,000 to be provided each to WHO and WB offices to cover the costs of (i) in-country meetings and events related to the IHP dialogue, (ii) preparing a short 'stock take' report on progress, for presentation at the country health sector teams meeting taking place in Lusaka on 29th February and 1st March 2008. (Terms of reference for these stock-taking reports are attached), and (iii) supporting the costs of government and partner engagement in the Lusaka meeting..

B) Second, funds will also be available for country-teams based on a proposal for strengthening health coordination in each country, agreed with all the agencies that take part in the **existing** country health sector team² (or health partners group). This proposal may cover activities under five broad headings:

6. Strengthening ways of working between government, national and international stakeholders working in health;
7. Strengthening health sector coordination capacity in agencies & governments;
8. Joint analytical studies to assess health system and agency constraints to scaling up health services;
9. National events to disseminate new knowledge, promote learning & build national consensus on health sector policy options for scaling up health services;

² This is term used to described the existing arrangement (as of November 2007) of international and national development agencies working in a coordinated support to the health sector.

10. Contribution to inter-regional guidance on 'good practice' for engaging national and international stakeholders in country health sector planning, monitoring, review & coordination³.

In developing the proposal the following points should be taken into consideration:

- The proposal should be short (maximum two pages or 1500 words) with the following sections:
 - Background information;
 - Objectives;
 - Deliverables/products with timetable;
 - In-country responsibilities for carrying out the work;
 - An Annex providing a summary budget.
- The development of the proposal should be facilitated in-country by WHO and the World Bank;
- All members of the existing health partners group/health sector team, including government representatives, should be engaged in the development of the proposal, utilizing existing forums and coordination mechanisms wherever possible;
- The proposal should cover an 18 month period covered by the IHP+ work-plan (up to March 2009).
- Existing guidance (available in WHO) on joint programming with UN and World Bank should be used for more detailed business rules (audit etc).
- The maximum amount available from the IHP+ core team for this 18 month period will be ***on average US\$ 800,000 per country.***

Any queries about the process for completing the proposal should come to either Chris Mwikisa in WHO Brazzaville, Bob Fryatt in WHO, Geneva and Nicole Klengen in World Bank, Washington.

The proposal can be submitted in French or English and a first draft should be submitted by January 31st or before. The proposal will be assessed by the IHP+ core teams in Geneva, Brazzaville and Washington using the above guidance as criteria for assessment. Decisions will be made within 5 working days of receiving the proposal.

Out of the maximum of USD 800,000 per country, an average of US\$400,000 per country is available in January 08 for allocation and spending by December 2008; future tranches will be released up to the agreed amount in each proposal as more funds become available.

³ This refers to a piece of work that will be facilitated by the IHP+ core team; details will be circulated at a later date.

Funds for proposals will be routed via WHO country offices and use of the funds will be reported on using standard WHO reporting procedures, with short reports provided globally when reporting on progress in implementing the IHP+ work-plan.